

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

23NORDAM30

First Named Inventor

Jean-Pierre Lair

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TOGGLE INTERLOCKED THRUST REVERSER***(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)   as United States Application Number or PCT InternationalApplication Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

ER022082580US

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label 20185 OR  Correspondence address below

Francis L. Conte

Name

6 Puritan Avenue

Address

City	Swampscott	State	MA	ZIP	01907
Country	US	Telephone	781-592-9077	Fax	781-592-4618

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Jean-Pierre	Family Name or Surname	Lair				
Inventor's Signature	<i>Jean-Pierre Lair</i>		03/15/2004 Date				
Residence: City	San Antonio	State	TX	Country	US	Citizenship	France

127 Paddington Way  
Mailing Address

City	San Antonio	State	TX	ZIP	78209	Country	US
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature	Date			
Residence: City	State	Country	US	Citizenship

Mailing Address

City	State	ZIP	Country	US
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (02-01)

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ER022082580US

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Jean-Pierre Lair
Title	TOGGLE INTERLOCKED THRUST REVERSER
Group Art Unit	
Examiner Name	
Attorney Docket Number	23NORDAM30

I hereby appoint:

Practitioners at Customer Number

20185

Place Customer  
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OR

Practitioner(s) named below:

Name	Registration Number
Francis L. Conte	29630

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name	Francis L. Conte				
Address	6 Puritan Avenue				
Address					
City	Swampscott	State	MA	Zip	01907
Country	US				
Telephone	781-592-9077	Fax	781-592-4618		

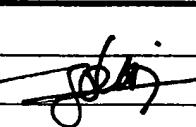
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Jean-Pierre Lair
Signature	Jean-Pierre Lair 
Date	03 / 15 / 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.